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To: Carolyn Ford
Fax #: 516 908-7993
Date: 5-22-12

Number of Pages (Including Cover):

From: D. Agordo
Phone #: 516 312-2256
Reply Fax #: _____
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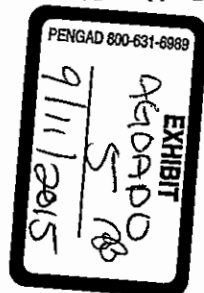
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A + + n.

Carolyn Ford

C&S File#

C&S File

C499687

C499583

Elizabeth Aguado

516 312-3956

Please Leave Message

C+S file #
C499583

C+S file #
C499687

To Whom it May Concern,
(Cathy Carolyn Ford)

It give my motor Elizabeth
Lapide permission to speak on
my behalf in all matters
pertaining to the collection.

My role as income in social
security are certified SSA 1099

forms of our records of living
my share & seeking assistance

through mediation. My wife died
last September at age 14 least

never and then our small

children in the house.

It about even have recollection
of these bills. My motor is willing
to cover the cost of bankruptcy

which appears to be my only
option. She also offered you to

the out. she would have to
pay for bankruptcy. She has

told me you are unwilling to
work. I would have no money

no savings, losing home and a
way drive all night.

Sincerely,
D. Lapide

[illegible]

0316-479-00

VISIT OUR WEBSITE WWW.SOCIALSECURITY.GOV

800-875-5282

Printed on recycled paper

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Form SSA-1099-SN (1-2012)

DAVID J AGADO
1208 AUGUST RD
NORTH BABYLON NY 11702-1903

SOCIAL SECURITY ADMINISTRATION
 OFFICE OF CENTRAL OPERATIONS
 1600 WOODLAWN DRIVE
 BALTIMORE MD 21241-1500
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 PENALTY FOR PRIVATE USE, \$300

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Form SA-1099-SM (1-2012)

2011 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT	
Box 1, Name DAVID J AGADO		Box 2, Beneficiary's Social Security Number 2108	
Box 3, Benefits Paid in 2011 \$14,742.00		Box 4, Benefits Paid to SSA in 2011 NONE	
Box 5, Net Benefits for 2011 (Box 3 minus Box 4) \$14,742.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE	
Paid by check or direct deposit \$13,684.00		Medicare Part B premiums deducted \$1168.00	
From your benefits \$14,742.00		Total Additions \$14,742.00	
Benefits for 2011 \$14,742.00		Box 6, Voluntary Federal Income Tax Withheld NONE	
Box 7, Address DAVID J AGADO 1203 AUGUST RD NORTH BABYLON NY 11703-1803		Box 8, Claim Number (Use this number if you need to contact SSA) [REDACTED]	